

1645
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Docket No. 41426-D/JPW/SHS

In re application of: Ron S. Israeli et al.

Serial No.: 08/470,735

Group Art Unit: 1645

Filed: June 6, 1995

Examiner: S. Gucker

For: PROSTATE-SPECIFIC MEMBRANE ANTIGEN

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HONORABLE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

November 24, 2000

S I R:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

 a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

| | NUMBER AFTER AMEND- MENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | NUMBER OF EXTRA CLAIMS PRESENTED | | RATE | | FEE | |
|--|-----------------------------------|---|---|---|---|---|------------------------------|-----------------|-----------------|-----------------|
| | | | | | | | SMALL ENTITY | OTHER ENTITY | SMALL ENTITY | OTHER ENTITY |
| Total Claims | 42 | - | * 105 | - | *** 0 | x | 9 | 18 | 0 | 0 |
| Indepen- dent Claims | 6 | - | ** 8 | - | *** 0 | x | 40 | 80 | 0 | 0 |
| Multiple Dependent Claims(s) Presented <u> </u> Yes <u> x </u> No For First Time: | | | | | | | 135 | 270 | 0 | 0 |
| | | | | | | | TOTAL ADDITIONAL FEE \$ 0 | | | |

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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U.S. Serial No.: 08/470,735
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Amendment Transmittal Letter
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The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
in the amount of \$ _____.

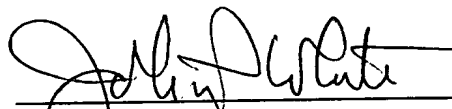
X A check in the amount of \$ 445.00 is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

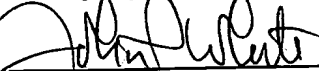
X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

 11/24/00
John P. White Date
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